

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAIL

## **LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)								
PART I LOBBYIST								
NAME(Last)	(First)	(Middle)	TELEPHONE					
Thompson	Edward		(808) 808-330-6845					
MAILING ADDRESS (Street)			FAX					
677 Ala Moana Blvd., Suite 815			(808) 599-2606					
(City)	(State)	(Zip (	(Zip Code)					
Honolulu	Hawaii	96813	96813					
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE					
LEGISLATIVE INFORMATION SER	(808) 533-6750							
MAILING ADDRESS (Street)			FAX					
677 Ala Moana Blvd., Suite 815			(808) 599-2606					
(City)	(State)		(Zip Code)					
Honolulu	Hawaii	96813						

PART II ORGANIZATION		
		TELEPHONE (916) 376-0990
		·
Hoffmann-La Roche Inc.		
MAILING ADDRESS (Street)		FAX (916) 376-0991
7485 Duch Diver Driver #740		
7485 Rush River Driver #710		
(City)	(State)	(Zip Code)
Sacramento,	CA	95831
NAME OF PERSON RESPONSIBLE F	IRES STATEMENT TELEPHONE (016) 376-0990	
Sedrick Spencer		
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MAILING ADDRESS (Street)		FAX (916) 376-0991
7485 Rush River Driver #710		
(City)	(State)	(Zip Code)
Sacramento,	CA	95831
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PAR	T III DESCRIPTION (	OF SUBJECTS UPON WHICH	H YOL	JEXPECT TO LOBBY			
[]	Agriculture	[X] Education	[X]	Human Services	[x]	Science, Technology & Economic Development	
[]	Communications & Public Utilities	[X] Government Operations & Finance	[X]	Intergovernmental Relations, International Affairs	[ ]	Tourism & Recreation	
[X]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[]	Labor & Employment	[ ]	Transportation	
[]	Culture, Arts, Historic Preservation	[X] Health	[ ]	Planning, Land & Water Use Management	[ ]	Other: (indicate below)	
[]	Ecology, Energy Environmental Protection	[ ] Housing	[ ]	Public Safety & Corrections			
		I	1				
PAR	TIV CERTIFICATION	N OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.							
	The second	(Signature of Lobbyist)				(Date)	
PAR	T V AUTHORIZATIO	N TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Sedrick Spencer							
	E OF ORGANIZATION (if app mann-La Roche, Inc.	olicable)			TELEPHO	DNE (916) 376-0991	
MAILING ADDRESS (Street)				FAX (916) 376-0991			
7485	Rush River Driver #710						
Sacra	(City) amento,	(State)		(Zip Co 95831	de)		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
	Jen	Int How			3	75-05	
(Signature of Authorizing Officer or Person Represented)					(Date)		